

January 7, 2022

EKOS Corporation Jocelyn Kersten Regulatory Affairs Manager 22030 20th Avenue SE, Suite 101 Bothell, Washington 98021

Re: K050563

Trade/Device Name: EKOS Peripheral Infusion System

Regulation Number: 21 CFR 870.5150 Regulation Name: Embolectomy catheter

Regulatory Class: Class II Product Code: QEY, KRA

Dear Jocelyn Kersten:

The Food and Drug Administration (FDA) is sending this letter to notify you of an administrative change related to your previous substantial equivalence (SE) determination letter dated March 29, 2005. Specifically, FDA is updating this SE Letter as an administrative correction because FDA has created a new product code to better categorize your device technology.

Please note that the 510(k) submission was not re-reviewed. For questions regarding this letter please contact Gregory O'Connell, OHT2: Office of Cardiovascular Devices, (301) 796-6075, Gregory.Oconnell@FDA.HHS.gov.

Sincerely,

Gregory W. Digitally signed by Gregory W. O'connell - S Date: 2022.01.07 13:34:51 -05'00'

Gregory O'Connell
Assistant Director
DHT2C: Division of Coronary
and Peripheral Intervention Devices
OHT2: Office of Cardiovascular Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

MAR 2 9 2005

EKOS Corporation c/o Ms. Jocelyn Kersten Director, Regulatory Affairs 22030 20th Avenue, SE, Suite 101 Bothell, WA 98021

Re: K050563

EKOS Peripheral Infusion System Regulation Number: 21 CFR 870.1210

Regulation Name: Catheter, Continuous Flush

Regulatory Class: Class II (Two)

Product Code: KRA Dated: March 3, 2005 Received: March 4, 2005

Dear Ms. Kersten:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

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Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050. This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4648. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address

http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Bram D. Zuckerman, M.D.

Director

Division of Cardiovascular Devices

Office of Device Evaluation

Center for Devices and

Radiological Health

Enclosure

Indications for Use

510(k) Number (if known): LOSO 563
Device Name: EKOS Peripheral Infusion System
Indications for Use:
The EKOS Peripheral Infusion System is intended for the controlled and selective infusion of physician-specified fluids, including thrombolytics, into the peripheral vasculature.
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Prescription Use X AND/OR Over-The-Counter Use (Part 21 CFR 801 Subpart D) (21 CFR 807 Subpart C)
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED
Concurrence of CDRH, Office of Device Evaluation (ODE)
Q Male
(Division Sign-Off) Division of Cardiovascular Devices
510(k) Number_ <u>Ko5o563</u>
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Section 4. 510(k) Summary

General Provisions	Submitter's Name and Address	EKOS Corporation 22030 20 th Ave. SE Suite 101 Bothell, WA 98021	
	Contact Person	Jocelyn Kersten 425-482-1108 425-482-1109 (fax) jkersten@EKOSCORP.com	
	Classification Name	Catheter, Continuous Flush (KRA)	
	Common or Usual Name	Continuous Flush Catheter	
	Proprietary Name	EKOS Peripheral Infusion System	
Name of Predicate Device	Predicate Device EKOS Peripheral Infusion System	510(k) Reference Nos. K033214	
Device Description	The system consists of a disposable infusion/ultrasound catheter and an instrument that generates and controls the delivery of energy to the catheter. The catheter contains a single ultrasound transducer, located at the distal tip, a thermal sensor and a distal end hole for placement over a guide wire and fluid infusion.		
Intended Use	The EKOS Peripheral Infusion System is intended for the controlled and selective infusion of physician-specified fluids, including thrombolytics, into the peripheral vasculature.		
Summary of Technological Characteristics	The proposed EKOS Peripheral Infusion System is similar in construction and materials to the previously cleared EKOS Peripheral Infusion System.		
Test Summary	The proposed EKOS Peripheral Infusion System is considered to be substantially equivalent to the currently marketed EKOS Peripheral Infusion System based on a comparison of the intended uses and designs and results of the testing and evaluations performed.		